



Owensboro Health Muhlenberg Community Hospital

APPLICATION FOR VOLUNTEER POSITION

Name _____
First Middle Maiden Last

Mailing Address _____ Telephone _____

_____ Birthdate _____

Email Address _____ Social Security Number _____

Employment History _____

Volunteer History _____

Education or Special Training (list graduation dates) _____

Hobbies, Skills, Special Interests _____

Area(s) of Interest as an OHMCH volunteer _____

How did you decide to apply to volunteer at OHMCH _____

Is volunteering a requirement for school credit? _____ Hours needed _____

Have you been convicted of a crime? _____ Please describe any convictions and give dates:

Only as it may determine the best fit for your volunteer duties, do you have any physical handicaps or limitations?

Only as it may determine the best fit for your volunteer duties, are you under a physician's care?

Please list two personal references:

Name _____ Home Phone/Work Phone _____

Name _____ Home Phone/Work Phone _____

Which days do you prefer to volunteer: M____ Tu____ W____ Th____ F____ Sat____ Sun____

Hours you prefer to volunteer: 8a-12 noon____ 12noon-4p____ Other: _____

Anticipated length of service: 1-3 months____ 6 months – 1 year____ Undetermined____

Until find employment____ Until gain job experience____

Other: _____

Additional Information you wish to share: _____

Person who should be contacted in case of your illness or injury while on duty:

Name _____ Relationship _____ # _____

Please read carefully

I certify that I have read and understand all statements on this application and that my answers and statements are true and complete. I realize that falsification or omission of any information on the application, the receipt of a poor reference, or a felony conviction record may be cause for rejection or dismissal.

I authorize Owensboro Health Muhlenberg Community Hospital to perform a criminal background check, which is public record. I release all liability to all persons and corporations requesting and supplying such information.

Submission of an online application indicates my agreement.

SIGNATURE _____ Date _____

Thank you for completing this application and for your interest in volunteering with us. All information is considered confidential.